

Breast reconstruction using keyhole surgery to remove fatty tissue (omentum) from the abdomen

*NICE 'HealthTech
guidance' advises
the NHS on when
and how new
procedures can be
used in clinical
practice.*

This leaflet is about when and how breast reconstruction using the greater omentum (fatty tissue from the abdomen) retrieved by keyhole surgery can be used in the NHS. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This HealthTech guidance makes recommendations on the safety of a procedure and how well it works. An interventional procedure is a test, treatment or surgery that involves a cut or puncture of the skin, or an endoscope to look inside the body, or energy sources such as X-rays, heat or ultrasound. The guidance does not cover whether or not the NHS should fund a procedure. Decisions about funding are taken by local NHS bodies (primary care trusts and hospital trusts) after considering how well the procedure works and whether it represents value for money for the NHS.

NICE has produced this guidance because the procedure is quite new. This means that there is not a lot of information yet about how well it works, how safe it is and which women will benefit most from it.

This leaflet is written to help women who have been offered this procedure to decide whether to agree (consent) to it or not. It does not describe breast reconstruction or the procedure in detail – a member of your healthcare team should also give you full information and advice about these. The leaflet includes some questions you may want to ask your doctor to help you reach a decision. Some sources of further information and support are on page 7.



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What has NICE said?

Although there is not a lot of evidence about this procedure, NICE has decided it can be offered routinely as a treatment option for women who need breast reconstruction provided that doctors are sure that:

- the woman understands what is involved and agrees to the treatment, and
- the results of the procedure are monitored.

Doctors should make sure that the woman understands that the amount of fatty tissue in her abdomen might not be enough to rebuild a whole breast. Therefore, additional and more complicated procedures may be required.

NICE has also said that this procedure should only be done by doctors with experience in breast reconstruction. Eligible patients should be selected by a team that includes a breast cancer specialist and a surgeon with experience in keyhole techniques.

Breast reconstruction using keyhole surgery to remove fatty tissue (omentum) from the abdomen

The medical name for this procedure is 'laparoscopic mobilisation of the greater omentum for breast reconstruction'.

The procedure is not described in detail here – please talk to your specialist for a full description.

This procedure may not be the only possible treatment for breast reconstruction. Your healthcare team should talk to you about whether it is suitable for you and about any other treatment options available.

The aim of breast reconstruction (the rebuilding of the breast using tissue from another part of the body, synthetic ‘implants’, or both) is to restore the shape, size and feel of the breast after surgery, usually for cancer. This can be done either at the time of breast tissue removal or at a later date.

There are two ways of rebuilding a breast using tissue from another part of the body. One method is to remove skin, fat and sometimes muscle from the abdomen, buttocks or back. This is called a ‘free flap’. The other method is to move the tissue to the breast area without physically removing it from the body. This is called a ‘mobilised flap’. Unlike free flaps, mobilised flaps remain attached to their original blood supply.

The fatty tissue which surrounds the bowel inside the abdomen (the greater omentum) may be used as a mobilised flap during breast reconstruction. Usually, this is performed as an open procedure. However, in the keyhole procedure, special instruments are inserted through small incisions made in the abdomen, and the operation is carried out with the aid of an internal telescope and camera system. A temporary drain is normally inserted to remove fluid from the wound. Keyhole mobilisation of the omentum is normally carried out at the same time as breast removal surgery for breast cancer.

What does this mean for me?

NICE has said that this procedure is safe enough and works well enough for use in the NHS. If your doctor thinks breast reconstruction using tissue from the abdomen obtained by a keyhole technique is a suitable treatment option for you, they should still make sure you understand the benefits and risks before asking you to agree to it.

You may want to ask the questions below

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the operation?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

You might decide to have this procedure, to have a different procedure, or not to have a procedure at all.

Summary of possible benefits and risks

Some of the benefits and risks seen in the studies considered by NICE are briefly described below. NICE looked at five studies on this procedure.

How well does the procedure work?

A study of 44 women undergoing keyhole breast reconstruction using a mobilised flap of fatty tissue from inside the abdomen (omentum) reported 'mostly satisfactory' cosmetic results. Reconstructed breasts looked and felt natural with no apparent shrinkage over 2 years. In another study, 6 out of 10 women had 'very satisfactory' results (as reported by doctors), and none of the women were unhappy with the cosmetic outcome.

In five of the women in the larger study and two in the smaller study, the mobilised omental flap from the abdomen was not big enough to completely rebuild the breast on its own. Therefore, additional types of tissue flap or synthetic implants were used to complete the reconstruction.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers said that it is difficult to tell in advance whether there is enough fatty tissue in the abdomen to completely rebuild the breast.

Risks and possible problems

In the study of 44 women, 4 patients developed infections that were treated without further surgery. Minor injury to blood vessels was reported in one woman, and another woman developed an abdominal hernia caused by weakness in the abdominal wall after the surgery.

In the study of 10 women, one patient reported abdominal pain which responded to medication. Another patient had complications with an areolar graft (the dark skin around the nipple) during the procedure.

There were no reports in either study of women having recurrence of breast cancer after the procedure. In the larger study, women were looked at over 2 years, but the smaller study did not state how long women were followed for.

As well as looking at these studies, NICE also asked expert advisers for their views. These advisers are clinical specialists in this field of medicine. The advisers listed the potential complications as blood vessel injury, infection, hernia and death of some or all of the mobilised tissue. The potential risks of keyhole surgery include a risk of spreading cancer cells into the abdomen, damage to abdominal organs and referred pain (pain felt in an undamaged part of the body which is linked by the same nerve pathway). The advisers also suggested that this procedure might affect any future abdominal surgery.

More information about breast reconstruction

[NHS Direct online](#) may be a good starting point for finding out more.

Your local Patient Advice and Liaison Service (PALS) may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider how well an interventional procedure works and how safe it is, and ask the opinions of expert advisers. This guidance applies to the whole of the NHS in England, Wales, Scotland and Northern Ireland. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet is about 'Laparoscopic mobilisation of the greater omentum for breast reconstruction'. This leaflet and the full guidance aimed at healthcare professionals are also available at www.nice.org.uk/guidance/HTG162

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1470).

We encourage voluntary sector organisations, NHS organisations and clinicians to use text from this booklet in their own information about this procedure.

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